## **FAIR POLITICAL PRACTICES COMMISSION STAFF SERVICES ANALYST (GENERAL)** TRANSFER EXAM REQUEST

NAME	(Last)	(First)	(M.I.)	SOCIAL SECURITY NUMBER*
MAILIN	IG ADDRESS (Number)	(Street)		WORK TELEPHONE NUMBER
(City)		(County)	(State) (Zip Code	HOME TELEPHONE NUMBER
ANOWE	THE FOLLOWING QUESTION	10-		( )
ANSWER	R THE FOLLOWING QUESTION	NS:		
1.	I. Are you currently employed by the FPPC?		☐ YES ☐ NO	
	Division: Position Number:			
2.	2. Do you need reasonable accommodation to take a written test?   YES  NO  (If "Yes", you will be notified to make special arrangements)			
QUALIFICATION FOR LATERAL TRANSFER: Consideration for lateral transfer is based on the last appointment by certification or Board action (A01).				
CEI A01 is clas eligible	SSIFICATION OF LAS RTIFICATION OR BO a list appointment. We use you were permanently e list to determine transfer annel Office if you are uns	need the highest paying appointed to from an r eligibility. Contact the		
APPLICANTS-DO NOT USE THE SPACE BELOW—FOR PERSONNEL OFFICE USE ONLY				
TRA	ANSFER RANGE VERIFIE	BY:		
		ACCEPTED	☐ REJECTED	
DA <sup>*</sup>	TE TEST SCHDEULED:		DATE NOTIFIED OF TEST:	
SC	ORED BY:			
TO	TAL POINTS:		☐ PASSED ☐	FAILED
DA <sup>*</sup>	TE SCORE ENTERED:		DATE RESULTS SENT:	

\*Privacy Statement

This information is requested by the FPPC Personnel Office per State Personnel Board Rule 174. Disclosure of Social Security Number is required to verify civil service eligibility for transfer exam.